

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
05275527
APPLICANT(S)
FILING DATE
22-4-86

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/			
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TOTAL IND.	51					
TOTAL DEP.	28					
TOTAL CLAIMS	23					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL INC.						
TOTAL DEP.						
TOTAL CLAIMS						